

FILED OCT 4-1943

Registration District No. **127**

Primary Registration District No. **5464**

Registrar's No. **11**

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Willard Mo.  
(c) Name of hospital or institution:  
Dr Reed Conv. Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4  
(Specify whether  
In this community.  
years, months or days)

3. (a) PRINT FULL NAME Lydia Rebecca Stokes

3. (b) If veteran, name war. ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bonnie Stokes  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Nov. 22 1906  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
36 9 22 hr. min.

9. Birthplace Greene Co Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Perry Young  
13. Birthplace Greene Co Mo 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Selma Justice  
15. Birthplace Greene Co Mo 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Bonnie Stokes

(b) Address Springfield R 6

17. (a) Burial (b) Date thereof Sept 18 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director Gene A. Brown

(b) Address Walnut Grove Mo.

19. (a) Sept 18, 1943 (b) Sane Appleby  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene  
(c) City or town Rural Murray Twp.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 14th  
year 1943 hour 9:15 minute A.M.

21. I hereby certify that I attended the deceased from Apr. 7, 1942 to Sept. 14, 1943  
that I last saw her alive on September 14th, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation with a resulting cardiac and respiratory failure.

Due to Severe attack of Bronchial Asthma.

Due to 112

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0  
(b) Date of occurrence 0  
(c) Where did injury occur? 0 (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 0 (Specify type of place) (e) Means of injury

23. Signature Dr. Appleby (M. D. or other) 9/14/43  
Address Willard, Mo. Date signed 43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

39  
0  
0

RECEIVED

Greene County Health Office,

County File Number 43-10-97

Date Filed 10/2/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*W. B. Birch*

Licensed Embalmer No. 3856

P. O. Address Ash Grove Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.